Recipient Committee Campaign Statement Cover Page	Type or print in ink.		Date Stamp CALIFORNIA 460 FORM
(Government Code Sections 84200-84216.5) SEE INSTRUCTIONS ON REVERSE	Statement covers period from $01/01/2010$ through $06/30/2010$	Date of election if applicable: (Month, Day, Year)  CITY OF SA BY: CITY	SANTIA MARIA
1. Type of Recipient Committee: All Committees – Complete Parts 1,	Complete Parts 1, 2, 3, and 4.    Primarily Formed Ballot Measure Committee   Controlled   Sponsored (Also Complete Part 6)   Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	2. Type of Statement:    Preelection Statement   X   Semi-annual Statement   I   Termination Statement   (Also file a Form 410 Termination)     Amendment (Explain below)	☐ Quartenty Statement ☐ Special Odd-Year Report ☐ Supplemental Preelection Statement - Attach Form 495
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Friends Of Mike Cordero	I.D. NUMBER 1307852 E)	Treasurer(s)  NAME OF TREASURER  Kinde Durkee  MAILING ADDRESS  1212 S Victory Blvd	
STREET ADDRESS (NO P.O. BOX) 1212 S Victory Blvd CITY  Burbank  CA 91502  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	ZIP CODE AREA CODE/PHONE 91502 (818) 260-0669 P.O. BOX	CITY Burbank NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS	STATE ZIP CODE AREA CODE/PHONE  CA 91502 (818) 260-0669
GITY STATE ZIP DPTIONAL: FAX / E-MAIL ADDRESS	ZIF CODE AREA CODE/PHONE	CITY OPTIONAL: FAX / E-MAIL ADDRESS	STATE ZIP CODE AREA CODE/PHONE
4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  Executed on 07/26/2010  Executed on	wing this statement and to the best of my knownia that the foregoing is true and correct.    Kinde Durkee By Mike Cordero By Signature of Conf.	ist of my knowledge the information contained herein and in the attached sched dorrect.  Ite Durkee  Signature of Controlling Officeholder, Candidate, State Messure Proponent.	attached schedules is true and complete. I certify
Executed on Date	By	Signature of Canirolling Officeholder, Candidate, State Measure Proponent	PPPC Form 460 (January/05)

ις.

COVER PAGE - PART 2	460	9
COVER PA	CALIFORNIA FORM	Page 2 of
	O	<u> </u>

Officeholder or Candidate Controlled Committee	ittee	6. Primarily Formed Ballot Measure Committee	Measure Commi	ittee	
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE			
Mike Cordero			NOIFOIGNIE	[	
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	CT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER		ಪ	SUPPORT OPPOSE
City Council Member, City Of Salita Maila, District. 1178 DESCRIPTIAL/RICHNESS ADDRESS (NO AND STREET) CITY STATE	CITY STATE ZIP				1
1212 S Victory Blvd Buri	٦k	Identify the controlling officeholder, candidate, or state measure proponent, ir any.	holder, candidate,	or state measure pro	ponent, it any.
		NAME OF OFFICEHOLDER, CANDIDATE, OK PROFONENT	ATE, OK PROPONEN		
Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.	atement: List any committees or are primarily formed to receive ndidacy.	OFFICE SOUGHT OR HELD		DISTRICT NO. IF ANY	INY
COMMITTEE NAME	I.D. NUMBER				
NAME OF TREASURER	EDO	7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.	late/Officeholde or which this commi	er Committee List. ittee is primarily formed	names of
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	BOX)	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP	ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	BOX)				
CITY STATE ZIP	ZIP CODE AREA CODE/PHONE	Attach	Attach continuation sheets if necessary	ets if necessary	

Campaion Disclosure Statement	Type or print in ink.			≥
Summary Page	Amounts may be rounded to whole dollars.	fro	Statement covers period CALIFORNIA 01/01/2010 FORM	NA 460
		gh –	06/30/2010 Page 3	of6
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends Of Mike Cordero			1.D. NUMBER 1307852	Ψ.,
Contributions Received	Column A TOTALTHIS PERIOD (FROMATTACHED SCHEDULES)	Column B CALENDARYEAR TOTALTODATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections	andidates mary and
Monetary Contributions	500.00	\$ 26700.00	20. Contributions Received \$	7/1 to Date
4. NOTAL CONTRIBUTIONS RECEIVED	\$	\$ 26700.00	Made \$	₩
Expenditures Made  6. Payments Made	\$ 216.50	\$ 216.50	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made*	for State
S Bills)	\$ 216.50	\$ 216.50	(If Subject to Voluntary Expenditure Limit)  Date of Election  (mm/dd/yy)	diture Limit) Total to Date
10. Nonmonetary Adjustment	\$ 216.50	\$ 216.50	\$	
			\$	
5 5	200.00	To calculate Column B, add amounts in Column A to the corresponding amounts	*Amounts in this section may be different from amounts	nt from amounts
14. Miscellaneous Increases to Cash	21	ronn Column b of your last report. Some amounts in Column A may be negative figures that should be	reported in Column 5.	
16. ENDINGCASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 if this is a termination statement, Line 16 must be zero.	·	subtracted from previous period amounts. If this is the first report being filed		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	00.0	for this calendar year, only carry over the amounts		
Cash Equivalents and Outstanding Debts  18. Cash Equivalents See instructions on reverse	0.00	non Lines 2, 7, and 9 (in any).	FPPC FC	FPPC Form 460 (January/05)

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

26700.00

ا چ

19. Outstanding Debts ...... Add Line 2 + Line 9 in Column B above

Schedule B - Part 1 Loans Received

Amounts may be rounded to whole dollars. Type or print in ink.

SCHEDULE B - PART 1 CALIFORNIA FORM Statement covers period 01/01/2010 from

460

9

G2008 PER ELECTION \*\* PER ELECTION\*\* \$505.56 G2008 G2008 CONTRIBUTIONS CALENDAR YEAR CALENDAR YEAR CALENDAR YEAR CUMULATIVE TO DATE \$ 500.00 \$ 0.00 \$ 0.00 4 **08/27/2008**DATE INCURRED **04/12/2010**DATE INCURRED DATE INCURRED 08/04/2008 ORIGINAL AMOUNT OF LOAN I.D. NUMBER \$ 1200.00 \$ 3128.89 1307852 Page 4 500.00 INTEREST PAID THIS PERIOD 0.00% 0.00% 0.00% RATE RATE RATE \$ 0.00 \$ 0.00 ° 0.00 through 06/30/2010 (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD \$ 21171.18 DATE DUE DATE DUE DATE DUE s 1200.00 500.00 AMOUNT PAID OR FORGIVEN THIS PERIOD \* ☐ FORGIVEN FORGIVEN □ FORGIVEN 3 \$ 0.00°

□ PAID \$ 0.00

\$ 0.00

0.00

21171.18

Santa Maria Police

Department

သင္တ

E OH

COM

dNi XI

Linda Cordero

CA 93454

Santa Maria

1324 Ruby Court

□ PAID \$ 0.00

RECEIVED THIS PERIOD (b) AMOUNT

OUTSTANDING BALANCE BEGINNING THIS PERIOD

IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER

FULL NAME, STREET ADDRESS AND ZIP CODE

Friends Of Mike Cordero

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

Mike Cordero

OF LENDER

(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)

Lieutenant

□ PAID \$ 0.00

\$ 0.00

1200.00

Santa Maria Police

Lieutenant

Department

သင္သ

□ PT

□ OTH

WOO □

TIX IND

93454

S

Santa Maria

1324 Ruby Court

\$ 0.00

500.00

0.00

Catherine Kolnaski

Magnet

SCC

D OTH

TON COM

Mike Cordero

CA 93454

Santa Maria

1324 Ruby Court

Music Teacher

0.00 4 \$ 500.00 SUBTOTALS

Schedule B Summary

ᠻ Loans received this period ...... (Total Column (b) plus unitemized Ioans of less than \$100.)

43 Loans paid or forgiven this period (Include loans paid by a third party that are also itemized on Schedule A.) (Total Column (c) plus loans under \$100 paid or forgiven. ٨i

Net change this period. (Subtract Line 2 from Line 1.) ...... Enter the net here and on the Summary Page, Column A, Line 2. က

OTH – Other (e.g., business entity) PTY – Political Party SCC – Small Contributor Committee (other than PTY or SCC) COM - Recipient Committee

500.00

(May be a negative number)

S

.................

**TContributor Codes** 

(Enter (e) on Schedule E, Line 3)

500.00

\$ 0.00

22871.18

IND - Individual

0

\*Amounts forgiven or paid by another party also must be reported on Schedule A. \*\* If required.

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule B - Part 1 Loans Received

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE B-PART 1 9 ę. CALIFORNIA FORM I.D. NUMBER Page 5 Statement covers period through 06/30/2010 01/01/2010 from

SEE INSTRUCTIONS ON BEVERSE				#	through 06/30/2010	2010	Page	of o
NAME OF FILER							I.D. NUMBER	
Friends Of Mike Cordero							1307852	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IFCOMMITTER, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SET-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	(4) OUTSTANDING BALANCEAT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE CONTRIBUTIONS TO DATE
Mike Cordero	Lieutenant			□ PAID				CALENDAR YEAR
				\$ 0.00	\$ 3828.82	0.00% RATE	\$ 3828.82	\$ 0.00
1324 Ruby Court	Santa Maria Police			☐ FORGIVEN				PER ELECTION
Santa Maria CA 93454	Department	3828.82	\$ 0.00	\$ 0.00		\$ 0.00	09/02/2008	\$
TIND COM OTH PTY SCC					DATE DUE		DATE INCURRED	
				□ PAID				CALENDAR YEAR
				\$	69	0.00% RATE	₩5	G9
				☐ FORGIVEN				PER ELECTION ***
		c/a	9	69		62		4
T□ IND □ COM □ OTH □ PTY □ SCC					DATEDUE		DATE INCURRED	
				□ PAID				CALENDAR YEAR
				69	53	0.00%	*	 
				☐ FORGIVEN		RATE		PER ELECTION**
			4	•		6		u
TO IND COM COTH CPTY CSCC		HA	4	9	DATE DUE	*	DATE INCURRED	
		SUBTOTALS \$ 0.00		\$ 0.00	\$ 3828.82	\$ 0.00		
						(Enter (e) on Schedule E, Line 3)		

ح
∥ >
∥ਲੂ
∥
Summary
∥ଉ
<u>m</u>
(U)
a ne
ਲ
Sched
∥တိ

(Total Column (b) plus unitemized loans of less than \$100.) 1. Loans received this period.....

(Include loans paid by a third party that are also itemized on Schedule A.) ri

₩	
빌	
3. Net change this period. (Subtract Line 2 from Line 1.)	Enter the net here and on the Summary Page, Column A, Line 2.

\*Amounts forgiven or paid by another party also must be reported on Schedule A. \*\* If required.

FPPC Form 460 (January/05) FPPC Toil-Free Helpline: 866/ASK-FPPC (866/275-3772)

OTH - Other (e.g., business entity)
PTY - Political Party SCC - Small Contributor Committee

(May be a negative number)

IND – Individual COM – Recipient Committee (other than PTY or SCC)

**TContributor Codes** 

w

↔

Payments Made Schedule E

Type or print in ink.
Amounts may be rounded to whole dollars.

9 ₽. CALIFORNIA I.D. NUMBER FORM Page 6 Statement covers period through 06/30/2010 from 01/01/2010

SCHEDULE

216.50 216.50 transfer between committees of the same candidate/sponsor AMOUNT PAID information technology costs (internet, e-mail) 1307852 SUBTOTAL\$ t.v. or cable airtime and production costs staff/spouse travel, lodging, and meals candidate travel, lodging, and meals radio airlime and production costs campaign workers' salaries CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. returned contributions voter registration DESCRIPTION OF PAYMENT SAL TRS TSF VOT WEB postage, delivery and messenger services professional services (legal, accounting) \* Payments that are contributions or independent expenditures must also be summarized on Schedule D. Я polling and survey research meetings and appearances member communications CNS CODE petition circulating office expenses phone banks print ads 유투독직정 independent expenditure supporting/opposing others (explain)\* NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 90501 S contribution (explain nonmonetary)\* campaign literature and mailings 1405 Marcelina Ave #111 campaign paraphernalia/misc. Friends Of Mike Cordero Freeman Public Affairs candidate filing/ballot fees SEE INSTRUCTIONS ON REVERSE campaign consultants fundraising events civic donations legal defense NAME OF FILER Torrance € S SHZ CNS 8

Schedule E Summary

S 

216.50

216.50 5 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ......

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)